



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

The Clinic for Special Surgery
900 12th Ave.
Fort Worth, TX 76104

Sent

OCT 11 2007

MFDR Tracking #: M4-07-4437-01

DV

Injure

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Respondent Name and Box #:

Zurich American Insurance Co.
Rep Box #19

TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS'
COMPENSATION

Emp

Insuran

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "The attached bill was not paid appropriately based upon TWCC rule 134.402 and the AAOS Global Service Data for Orthopedic Surgery."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$694.61
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Injection global to cpt 29848"

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes	Denial Codes	Part V Reference	Amount Ordered
08/01/06	20526-SG	97	1, 2, 3, 4	\$347.31
Total Due:				\$347.31

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.402, titled *Ambulatory Surgical Center Fee Guidelines* effective after September 1, 2004, set out the reimbursement guidelines.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1. CPT Code 20526-SG for DOS 08/10/06 was denied by the Respondent with reason code "97 - Pymt is incl in the allow for another svcs. The svcs listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed."
2. Per Rule 134.202(b), CPT Code 20526 is not global to CPT code 29848.
3. Per review of Box 32 on CMS-1500, zip code 76104 is located in Tarrant County. The maximum reimbursement amount, under Rule 134.402, is determined by RCL.
4. CPT Code 20526-SG is identified in Rule 134.402(e)(2)(D) as an ASC Group 1 code. Using Reasonable Charge Locality (RCL) 28 for Tarrant County, the amount of payment is calculated with $\$325.65 \times 213.3\%$ totaling $\$694.61 \times 50\%$ per multiple procedure rule = $\$347.31$.

A referral to Legal & Enforcement has been made.

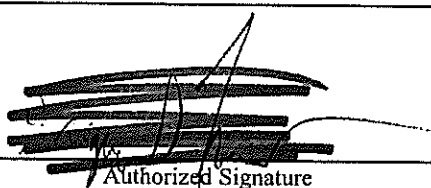
PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.402, Section 134.202(b)
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$347.31 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER


Authorized Signature
Medical Fee Dispute Resolution Officer

10/10/07
Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. Please include a copy of the Medical Fee Dispute Resolution Findings and Decision together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

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